



STATE OF MISSOURI
DIVISION OF PROFESSIONAL REGISTRATION
COMMITTEE FOR SOCIAL WORKERS
SUMMARY SHEET FOR REPORTING CONTINUING EDUCATION

NAME OF LICENSEE

LICENSE EXPIRATION DATE

LICENSE NO

Please list all social work continuing education (CE) completed during the renewal period. Only CE completed during this period will be approved unless you are carrying hours over, and then the previous renewal period CE will be needed as well. Of the required hours, three hours must be in professional ethics and two hours related to suicide. **Please list the ethics and suicide CE first on the summary sheet.**

PLEASE TYPE OR PRINT LEGIBLY.

DATE	TITLE OF WORKSHOP	SELF STUDY YES OR NO	PRESENTER OR SPONSOR	HOURS
Ex. 10/01/2020	Ethics and Boundary Issues	Yes	CE4Less	3.00

Total Hours _____ If additional space is needed, this form may be duplicated.

I understand that in signing this document I am attesting that the information is correct and true, and if audited, I will be required to submit documentation of my attendance or participation at all the workshops/programs listed. I further understand that any false or misleading information is grounds for discipline of my social work license.

SIGNATURE OF LICENSEE

DATE

Please retain a copy for your records

FOR BOARD USE ONLY

DATE RECEIVED

AUDIT APPROVED:

OFFICE STAFF SIGNATURE

DATE